

MICHIGAN DEPARTMENT OF CORRECTIONS POLICY DIRECTIVE		EFFECTIVE DATE 02/22/1999	NUMBER 03.04.110
SUBJECT CONTROL OF COMMUNICABLE DISEASES		SUPERSEDES 03.04.110 (03/23/98)	
		AUTHORITY MCL 333.2843(b); 333.5101 et seq.; 791.203; 791.267 ACA STANDARDS 3-4343; 3-4344; 3-4345; 3-4348; 3-4363; 3-4365; 3-4366	
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POLICY STATEMENT:

Potentially communicable diseases shall be identified and appropriate responses taken to control the threat of outbreak within Correctional Facilities Administration (CFA) and Field Operations Administration (FOA) facilities.

RELATED POLICIES:

02.04.110 Control of Tuberculosis in Employees
03.04.115 Control of Tuberculosis in Offenders
03.04.120 Control of Communicable Bloodborne Diseases

POLICY:

GENERAL INFORMATION

- A. CFA and FOA have primary responsibility for control of communicable diseases passed from objects, animals and insects within their respective facilities. The Bureau of Health Care Services (BHCS) has primary responsibility for control of communicable diseases which are transmitted from person-to-person within CFA and FOA facilities.
- B. The Chief Medical Officer, BHCS, shall ensure that the control and treatment of communicable diseases is in accordance with the most recent guidelines of the Centers for Disease Control and Prevention (CDC), the Advisory Committee on Immunization Practices (ACIP), the Occupational Safety and Health Administration (OSHA) and the Michigan Occupational Safety and Health Administration (MIOSHA).
- C. There shall be an Infectious Disease Control Committee comprised of staff designated by the BHCS Administrator and at least one staff member from CFA, FOA and Administration and Programs (A&P), as designated by the appropriate Deputy Director. The Chief Medical Officer, BHCS, shall be the committee chairperson. The committee shall address all issues related to control of communicable diseases within Department facilities. Committee recommendations for changes in policy, procedure or practice shall be sent to the BHCS Administrator who shall forward the recommendations to the A&P Deputy Director.
- D. Facilities with inpatient health care units also shall establish and maintain infection control committees.

REPORTING, SCREENING AND TREATMENT

- E. The Department shall cooperate with health officials (local, county, state or federal) in the reporting, investigation and management of cases or outbreaks of communicable disease in Department facilities. Regional Medical Directors or designees are responsible for prompt reporting to the appropriate health department as required by law or when they consider a case or outbreak to be of public health significance to the facility, the community or the Department.
- F. After consultation with the health department, the Regional Medical Director or designee shall promptly convey recommendations for control of the outbreak or potential outbreak to the Regional Health Administrator (RHA), Administrator of BHCS and, as appropriate, the warden, Special Alternative

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Incarceration (SAI) Administrator or FOA area manager. The Administrator of BHCS or designee shall notify other appropriate Department staff.

- G. Control measures which should be considered include isolation of prisoner cases, immunization programs, elimination of nonemergency prisoner transfers, reassignment of pregnant or other "at risk" staff, partner notification and follow up, and notification of staff, visitors and prisoners.
- H. Prisoners shall be screened and tested for communicable diseases at reception facilities and retested as determined by the Chief Medical Officer, BHCS, and as set forth in PD 03.04.120 "Control of Communicable Bloodborne Diseases" and PD 03.04.115 "Control of Tuberculosis in Offenders", as appropriate.
- I. Regional Medical Directors shall ensure that prisoners with communicable diseases are offered appropriate treatment consistent with the current guidelines of the CDC or other bodies as identified by the Chief Medical Officer.
- J. If a prisoner who has a communicable disease identified in Department of Community Health Administrative Rule 325.9031 dies in a Department facility, and the physician who signs the death certificate has knowledge of the infection, the physician shall ensure the funeral director or his/her agent is notified, before the body is released, of appropriate infection control precautions to be taken.

REFUSAL OF REQUIRED MEDICAL SCREENING, TESTING OR TREATMENT

- K. Although a prisoner may refuse to submit to required medical screening, testing or treatment due to his/her religious beliefs, those beliefs will not excuse the prisoner from the requirements set forth in this section.
- L. Any prisoner who refuses the initial screening or testing for communicable diseases at a reception facility, or refuses required treatment at a reception facility, shall be quarantined until the screening or testing is completed or the Regional Medical Director determines other action may be taken which ensures the safety of prisoners and staff.
- M. If a prisoner refuses any required medical screening, testing, or treatment for communicable diseases after transfer from a reception facility, the Regional Medical Director shall determine if the prisoner needs to be quarantined or if other action may be taken which ensures the safety of prisoners and staff. If a prisoner is quarantined at a facility with an administrative segregation unit, the prisoner shall be quarantined in that unit. If the facility does not have an administrative segregation unit, the prisoner may be transferred to a facility with an administrative segregation unit. In lieu of transfer, or when a prisoner's health care needs cannot be met in an administrative segregation unit, the prisoner may be quarantined in a single cell or room away from other prisoners and with limited staff contact, provided that the Regional Medical Director believes such placement meets the quarantine requirement. The Regional Medical Director shall determine what medical precautions need to be taken if the prisoner is transferred to another facility.
- N. Unless the prisoner is already classified to administrative segregation, a hearing must be conducted pursuant to PD 04.05.120 "Segregation Standards" prior to classifying the prisoner to administrative segregation. The hearing shall be conducted by the Hearings and Appeals Division of the Office of Policy and Hearings to verify the prisoner's refusal of required medical screening, testing or treatment. The prisoner shall be placed in temporary segregation pending the hearing.
- O. A quarantined prisoner shall be reevaluated by BHCS staff at least every 15 calendar days and the prisoner's continued refusal reaffirmed and documented in the unit log book and outpatient health record. BHCS shall counsel the prisoner regarding the importance of the required medical screening, testing or treatment at each evaluation. If the prisoner still refuses to submit to the required medical screening, testing or treatment after a period of ninety calendar days, the RHA or designee shall notify the Administrator of BHCS, who shall notify the Deputy Director, CFA. If necessary, a court order for involuntary testing may be sought by contacting the Administrator of the Office of Policy and Hearings.

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- P. A quarantined prisoner may at any time agree to submit to the required medical screening, testing or treatment. If this occurs, the medical screening, testing or treatment shall be completed as soon as possible and the prisoner subsequently released from quarantine when medically cleared and, if in administrative segregation, consistent with PD 04.05.120.

EDUCATION

- Q. Health care staff shall provide prisoners with information regarding communicable diseases in the reception facilities and during the annual health screening performed pursuant to PD 03.04.100 "Health Services".

OPERATING PROCEDURES

- R. Wardens and RHAs shall ensure that within 60 days of its effective date joint procedures implementing this policy directive are developed and forwarded to the Administrator of BHCS and the appropriate Regional Prison Administrator, CFA, for approval. The Deputy Director, FOA, and the appropriate RHA shall ensure that within 60 days of its effective date joint procedures implementing this policy directive are developed.

AUDIT ELEMENTS

- S. A Primary Audit Elements list has been developed and will be forwarded to wardens, the SAI Administrator, FOA area managers and RHAs to assist with self audit of this policy, pursuant to PD 01.05.100 "Self Audit of Policies and Procedures".

KLM:OPH:01/14/99